

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

	(Type or P	(Type or Print Clearly) STATE OF HAWAII		
PARTI LOBBYIST	STATE ETHICS COMMISSION			
NAME (Last)	(First)	(Middle)	TELEPHONE	
PACOPAC	VAMES	CLYDE	808-220-4121	
MAILING ADDRESS (Street)			FAX	
1908 SKYLINE	De.		EMAIL	
(City)	(State) (Zip Code)			
HONOLULU	HAWAI	ı	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
SPJ CONSULTIO	ug LLC		808-927-3608	
MAILING ADDRESS (Street)			FAX	
P.O. 130x 1788	5		EMAIL	
(City)	(State)		(Zip Code)	
HONDRULU	HAWAII		76817	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LO	TELEPHONE	
HAWAII ELECTR	ECIANS MAKKEN ENHANCENENT	- Progess 808-841-6169
MAILING ADDRESS (Street)		
1935 HAU	STREET ROOM 300	EMAIL
(City)	(State)	(Zip Code)
HONDLULU	1+AWAII	96819-5003
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STATEM	IENT TELEPHONE
TRAVIS U	uemo To	808-841-6169
MAILING ADDRESS (Street)		FAX
1935 HAU	STREET ROOM 300	EMAIL
(City)	(State)	(Zip Code)
HONDLULU	HAWAII	96819-5003

	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
PART IV CERTIFICATION	ON OF LOBBYIST		
I hereby certify that th	ne information furnişhed above	e is, to the best of my knowledg	e, correct and complete.
6	C Am	-	1-28-13
	(Signature of Lobyist)		(Date)
PART V AUTHORIZAT	ION TO LOBBY		
IAME	1011 10 20001	TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED
TRAVIS UM	enioto A	DMINISTRATOR	
	. P L I . \		TELEPHONE
NAME OF ORGANIZATION (if	applicable)		IELEPHONE
JAME OF ORGANIZATION (if a	••	ENHANCENIENT PROGR	
VAME OF ORGANIZATION (if a	RICIANS MARKET		
HAWMI ELECT	RICIANS MARKET	ENHANCENIENT PROGR	14 808-841-616
HAWMI ELECTION (IF A MAILING ADDRESS (Street)	RICIANS MARKET	n 300	FAX

(Signature of Authorizing Officer or Person Represented)

(Date)